

REQUEST TO WIC FOR NONCONTRACT STANDARD FORMULA

Completion of this form is voluntary. Personally identifiable information is used to determine WIC services (e.g., to provide a Noncontract standard formula) and may be disclosed to others only as allowed by state and federal laws.

INSTRUCTIONS: To facilitate WIC services (e.g., issuance of appropriate formula) for your WIC-eligible patient, fill in the blanks and check the boxes, as appropriate, and return this to the WIC Project indicated at the bottom of the page. Note: Unless done in your office, a WIC nutritionist will screen feeding practices. If inappropriate feeding practices are likely causes of intolerance symptoms (versus a true medical condition), WIC will provide counseling and a contract formula before providing a prescribed non-contract standard formula.

Infant's First and Last Name _____ Birthdate _____
Address _____ Telephone _____
Parent/Caregiver's First and Last Name _____

Medical condition indicating use of a non-contract standard formula: _____

Contract formulas tried: ☐ Similac with Iron or Similac Advance with Iron ☐ Isomil Soy or Isomil Advance Soy
☐ Similac Lactose Free or Similac Lactose Free Advance

Length of time the formulas(s) have caused the medical condition: _____

Screening for feeding practices causes of symptoms

	YES	NO
1. Has the infant been sick or had a fever?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the infant recently been taking medicine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the infant being overfed?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the infant fed formula left over from a previous feeding?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a family history of cow's milk allergy?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the family experienced recent emotional stress?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the mother tense?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the baby handled roughly?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the infant burped at necessary intervals?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the infant positioned correctly for feeding?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the formula: Properly diluted?	<input type="checkbox"/>	<input type="checkbox"/>
Properly refrigerated?	<input type="checkbox"/>	<input type="checkbox"/>
Prepared in a sanitary manner?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the water supply safe?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have solid foods and juices been appropriately introduced?	<input type="checkbox"/>	<input type="checkbox"/>

Other information/comments:

Formula prescribed (after inappropriate feeding practices ruled out as causes of symptoms/conditions):

☐ Nestlé Good Start Supreme ☐ Nestlé Good Start Supreme - DHA & ARA ☐ Nestlé Good Start Essentials Soy
☐ Enfamil with Iron ☐ Enfamil LIPIL with Iron ☐ Enfamil ProSobee LIPIL ☐ Enfamil Lactofree LIPIL

Intended length of use : _____

SIGNATURE - Health Care Provider _____ Date _____

(Physician, physician assistant, or advanced practice certified nurse prescriber signature required for prescription of WIC non-contract standard formula.)

Medical Office/Clinic _____

Address _____

LOCAL WIC PROJECT: